

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040805

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5911 Registrar's No. 217

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0780

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 7 1963

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Parola</u> | | c. CITY OR TOWN <u>Hayti</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) <u>1205 Summerville Dr.</u> | |

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|--|----------------------------------|---|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>JIMMY</u> Middle <u>Allen</u> Last <u>Berry</u> | | | 4. DATE OF DEATH <u>10-27-1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-20-1947</u> | 9. AGE (last birthday) <u>16</u> | 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u> | | 11. BIRTHPLACE (City and state or country) <u>Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Joe Berry</u> | | 13b. MOTHER'S MAIDEN NAME <u>Georgia Wallace</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of serv) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Joe Berry</u> | | 18. ADDRESS <u>Hayti Mo.</u> | | 19. INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> DUE TO (b) <u>Automobile Accident</u> DUE TO (c) <u>Automobile Accident</u> | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Automobile Overturn</u> | |
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| 20c. TIME OF INJURY Hour <u>about 7</u> a.m. <u>10-27-63</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Road</u> | |
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| 20f. CITY, TOWN, OR LOCATION <u>Rt 1 Hayti, Pemiscot, Mo.</u> | | 20g. COUNTY <u>Pemiscot</u> | | 20h. STATE <u>Mo.</u> | |
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| 21. I attended the deceased from _____, to _____, and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>James G. Pabum, Esq.</u> | | 22b. ADDRESS <u>Wardell, Mo.</u> | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10-29-1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u> | |
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| 24. FUNERAL DIRECTOR <u>John W. German Funeral Home, Hayti Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-31-63</u> | | 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Camthorville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.